



**STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS  
2022 EXPRESS SCRIPTS MEDICARE PART D PRESCRIPTION DRUG  
PLAN HIGH-INCOME SURCHARGE VERIFICATION**



LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	
<i>If you are covered as the spouse of an OGB plan member, enter their information below.</i>			
OGB PLAN MEMBER'S LAST NAME	OGB PLAN MEMBER'S FIRST NAME	OGB PLAN MEMBER'S SSN	
<i>Each person covered by OGB's Express Scripts Medicare Part D plan has a separate ID card that contains the member number for that person.</i>			
YOUR EXPRESS SCRIPTS MEDICARE MEMBER #		OGB PLAN MEMBER'S EXPRESS SCRIPTS MEDICARE ID #	
STREET ADDRESS	CITY	STATE	ZIP CODE

Your Monthly High-Income Part D Premium Surcharge Amount (Select One):

- Deducted from your monthly Social Security check
- Invoiced to you by Centers for Medicare & Medicaid Services (CMS) every quarter or month

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PRIMARY TELEPHONE NUMBER	ALTERNATE PHONE NUMBER
EMAIL ADDRESS	

Return this completed form and a copy of the Medicare letter that informed you of your Social Security benefit for the plan year to:

Office of Group Benefits  
Attention: Customer Service  
P.O. Box 44036  
Baton Rouge, LA 70804-4036  
Fax: 225-342-9919  
email: [ogb.customerservice@la.gov](mailto:ogb.customerservice@la.gov)